# L110000008168

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2011 MAR 14 PM 2: 34 SECRETARY OF STATE

J. SAULSBERRY EXAMINER MAR 1 6 2011

## **COVER LETTER**

TO; Registration Division of C					
SUBJECT:	7545 E Ti	reasure #5B, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	spondence concerning this matte	r to the following:			
	J	oseph B. Ryan III, Esq.		-	
		Name of Person			
	JO	SEPH B. RYAN III, P.A.		_	
		Firm/Company			
	2701 S.	BAYSHORE DR., SUITE 40	2	7 2	
		Address		ALLIN ME	majad é
		MIAMI, FL 33133		2011 HAR 14 SECRETAR TALLAHASS	( ] [ 
		City/State and Zip Code		H PH	1
	E-mail address: (	to be used for future annual report notific	ation)	FLOT	-
For further information	n concerning this matter, please	call:		ATE ATE	
Josep	h B. Ryan III, Esq.	at ( 305 ) 4	44-4949		
Name	e of Person	Area Code & Daytime	Telephone Numbe	er er	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	ed)

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7545	E Treasure #5B, LL	.C		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now app da Limited Liability Compan	oears on our record y)	<u>s.</u> )	
The Articles of Organization for this Limited Liabilit	ty Company were filed on _	January 20, 2	2011	and assigned
Florida document numberL11000008168	<u>.</u> .			
This amendment is submitted to amend the following	j'.			
A. If amending name, enter the new name of the	limited liability company	here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Con	npany," the designat	ion "LLC	" or the abbreviation
			Į.	20
Enter new principal offices address, if applicable:				
<u>(Principal office address MUST BE A STREET AL</u>	ODRESS)		CRET	3 11
			<u> </u>	
			<u> </u>	3 [1]
Enter new mailing address, if applicable:			E.S	50 Same
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		25 E	. ယ္
			1>	- <b>+</b> -
			,	
B. If amending the registered agent and/or re	_	n our records, <u>er</u>	iter the	name of the ne
registered agent and/or the new registered office a	iddress here:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Floric		
	City	···	2	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action **Title** <u>Name</u> Address MGRM Nicolas Lafond 2701 S. BAYSHORE DR., SUITE 402 \_\_\_ Add √ Remove MIAMI, FL 33133 Samir Jaieb MGRM 2701 S. BAYSHORE DR., SUITE 402 ✓ Add Remove MIAMI\_FL\_33133 ☐ Add ☐ Remove ∏ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) March 11 Signature of a member or authorized representative of a member Joseph B. Ryan III, Esq. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00